

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42080

DEC 31 1941

Registration District No. 401

Primary Registration District No. 55-56

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Lee's Summit R701
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 1/2 mi. N.W. of Lee's Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)
In this community 5 yrs

3. (a) PRINT FULL NAME

Ernest D. Long

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Oct 2 - 1910 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Welch (City, town, or county) Okla (State or foreign country)

10. Usual occupation Farm

11. Industry of business

12. Name James R Long
13. Birthplace Long (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Ryne
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant James R Long

(b) Address Lee's Summit
17. (a) Removal (b) Date thereof 12-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Coffeyville Kan

18. (a) Signature of funeral director James R Long
(b) Address Lee's Summit

19. (a) Dec 5, 1941 (b) Bernie E. Yarbrough (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Lee's Summit R701
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 mi. N.W. of Lee's Summit
(If rural, give location)
(e) Citizen of foreign country? no (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1941 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from 12-2-41 to 12-2-41 and that death occurred on the date and hour stated above.
Immediate cause of death Explosion 2 Body
Due to Dynamite Explosion
Other conditions (Include pregnancy within 3 months of death) 164C

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12-2-41
(c) Where did injury occur? Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place) (e) Means of injury 3

23. Signature James R Long (M. D. or other) 3
Address Lee's Summit Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.